

*(See)*

| POSITION            | INITIALS  | ID NO.        | DATE          |
|---------------------|-----------|---------------|---------------|
| FEE DETERMINATION   | <i>AB</i> | <i>42192</i>  | <i>7/8/98</i> |
| O.I.P.E. CLASSIFIER | <i>BC</i> | <i>48</i>     | <i>7/9/98</i> |
| FORMALITY REVIEW    |           | <i>601001</i> | <i>7/14</i>   |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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